FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Inform:	ation	1															
Name and Mailing Address	of R	espondent															
Kennebec Telephone Co., Inc.													Check here if this				
PO Box 158																	
Kennebec, SD 5	Kennebec, SD 57544 address.																
2. Year Report Filed			3. Reporting	Period (End	Period (Ending Date of Pay 4. Number of Full-Time Employees during Selected									A			
2019				overed by Re				Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)									
	ary 28,	2019			b. 🗹 16	or more (com	plete all sections)										
SECTION II - Full-Time Empk	yee	\$. 						N									
			Number of Employees (Report employees in only one category)														
Job			Race/Ethnicity Hispanic or Not-Hispanic or Latino														
Categories			anic or tino				Total										
				Male						Female							
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	A - N	
		A	В	С	D	E	F	G	н	1	J	Islander K	L	M	N	0	
Executive/Senior Level Officials and Managers	1.1			1												1	
irst/Mid-Level Officials and Managers	1.2			4						1						5	
rofessionals	2															0	
echnicians	3			3												3	
ales Workers	4			1												1	
dministrative Support Vorkers	5									6						6	
raft Workers	6			13												13	
peratives	7															0	
aborers and Helpers	8															0	
ervice Workers	9															0	
TOTAL	10	0	0	22	0	0	0	0	0	7	0	0	0	0	0	29	
PREVIOUS YEAR TOTAL	11	0	0	20	0	0	0	0	0	10	0	0	0	0	0	30	

FCC 395

SECTION III - Part-Time Em	ploye	es.															
		Number of Employees (Report employees in only one category)															
Job		Race/Ethnicity															
Categories	Hispanio				Not-Hispanic or Latino												
		Latino		Male							Female						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Ataska Native	Two or more races	A - N	
		A	В	С	Ð	Е	F	G	Н	1	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1															0	
First/Mid-Level Officials and Managers	1.2															0	
Professionals	2															0	
Technicians	3															0	
Sales Workers	4															0	
Administrative Support Workers	5									1						1	
Craft Workers	6			5												5	
Operatives	7			3												3	
Laborers and Helpers	8															0	
Service Workers	9			3												3	
TOTAL	10	0	0	11	0	0	0	0	0	1	0	0	0	0	0	12	
PREVIOUS YEAR TOTAL	11	0	0	3	0	0	0	0	0	2	0	0	0	0	0	5	
SECTION IV - Report of Disc	rimin	ation Comple	aints Pursua	nt to 47 CFR	22.321, 23.5	5, 90.168, 101	.4, and 101.	311.									
This is to advise to company before a This is to advise to the state of the state o	any bo the Co	ody having co ommission tha	mpetent jurison to the following	liction in suc complaints	h matters duri alleging violat	ng the calenda ions of the pro	ar year cover visions of an	ed by this repo ov equal emplo	ort. ovment opport	unity statute	have been file	ed against this	company.				
(Attach a list Indic	ating	parties involv	ed, date filed,	counts or ag	encies before	wnich the mai	ter has been	neard, file nu	mber or other	designation,	and current s	tatus or dispor	sition.				
SECTION V - Certification I certify that to the best of my k	nowle	edge, informa	tion, and belie	ef, all stateme	ents in this rep	ort are true ar	d correct.		_								
Date	Туре	d or Printed Name of Person Signing Signature Telephone No.															
04/29/2019	Ro	d Bowar (605) 869-2220															
Title of Person Signing President/Manager				WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).													